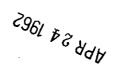
MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH Primary Registration District No. 20 12 Registrar's No. DO NOT WRITE **AMENDED** ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY * STATE Issouri b. COUNTY Saline VS 300 DATE AMENDED Saline Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN TOWN Life Marshall Yes 🕞 No 🗌 c. FULL NAME OF (If NOT in hospital, give location) d. STREET Inside Limits (If outside, give location) Reside on Farm 1975 HOSPITAL OR **ADDRESS** INSTITUTION Yes 🔲 No 🗌 Yes 🗌 No 🗔 575 S Salt Pond Fitzgibbon Hosp. 3. NAME OF DECEASED First Middle 4. DATE Day Last Month Year (Type or print) April 13, 1962 **JAMES** ORDWAY Н. DEATH 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH Months Days Hours Widowed ⋥ Divorced [79 White 11-15-1882 Male 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Shoe Co. Saline, Co. Mo. Shoe maker 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME <u>Hiram Ordwa</u>v <u>Lillie Schrekler</u> Harv d<u>ec</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown)) (If yes, give war or dates of servi 94201 18. CAUSE OF DEATH-Enter only one table per li ⊿Marshall INTERVAL BETWEEN 10 IMMEDIATE CAUSE (a ő 11 8 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDUTIONS CONTRIBUTING TO DEATH but hot related to the terminal disease condition from in DART I (a) deceased was there a pregnancy in last 90 days. ☐ Yes □ No ☐ Unknown HOMICIDE 20b. DESCRIBE HOW NJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT SUICIDE YES | NO M 20c. TIME OF Hou Month, Day, Year RIBBON INJURY a.m. p.m. 20d, INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE WHILE AT WORK | farm, factory, street, office bldg., etc.) YPEWRITER READ 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 122b_ADDRESS 22c. DATE SIGNED Ö 22a, SIGNATURE Marshall, Missouri 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) 23a. BURIAL, CREMATION, (State) 23b. DATE AFFIDA ģ REMOVAL (Specify) 4-16-1962 Ridge Park Cemetery Marshall, Hissouri Burial 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SYGNATURE ITEM 24. FUNERAL DIRECTOR ADDRESS Jack. W. Reser Marshall, Mo

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

or by		_, Student Embalmer No
working under my personal supervision.	(A)	m. Laughtini.
StudentSignature of Student Embalmer	Signed	Me Hunghlan
	Lic P.	o. Address Marshall,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.